



**CHELSEA SCHOOL DISTRICT -
TRANSPORTATION DEPARTMENT**

STUDENT EMERGENCY INFORMATION FORM - 2025-2026 School Year

Route #: <<Route #:>>

The information you provide helps ensure we can transport your child(ren) safely. Our school buildings may not always be open to assist with phone numbers or other emergency information when children are on the buses.

Please return this completed form to your child's bus driver as soon as possible. Thank you!

Student Information

Last Name: <<(1) Last Name:>> First Name: <<(2) First Name:>> Grade:<<(1) Grade:>>

Last Name: <<(2) Last Name:>> First Name:<<(2) First Name>> Grade:<<(2) Grade:>>

Last Name: <<(3) Last Name:>> First Name: <<(3) First Name:>> Grade:<<(3) Grade:>>

Last Name: <<(4) Last Name:>> First Name: <<(4) First Name:>> Grade:<<(4) Grade:>>

Last Name: <<(5) Last Name:>> First Name: <<(5) First Name:>> Grade:<<(5) Grade:>>

Parent/Guardian Contact Information

Last Name:<<(P1) Last Name:>> First Name:<<(P1) Last Name:>>
Cell:<<(P1) Cell:>> Alt #: <<(P1)) Alternate #:>>

Last Name:<<(P2) Last Name:>> First Name:<<(P2) Last Name:>>
Cell:<<(P2) Cell:>> Alt #: <<(P2)) Alternate #:>>

Emergency Contacts (In addition to custodial parents)

Last Name:<<(E1) Last Name:>> First Name:<<(E1) Last Name:>>
Cell:<<(E1) Cell:>> Alt #: <<(E1)) Alternate #:>>

Last Name:<<(E2) Last Name:>> First Name:<<(E2) Last Name:>>

Cell:<<(E2) Cell:>> Alt #: <<(E2)) Alternate #:>>

Authorized Pick-Up Persons (Only needed if student is PK-1st)

List names of individuals (other than above) who may pick up your child from the school bus. This includes siblings (6-12 grades). Please include phone numbers if not listed above:

If your child is to be picked up by someone other than those listed, you must call the Transportation Department at (734) 433-2274 or provide a written notice via email to transportation@chelseaschools.org.

Medical Information

Please list any medical concerns we should be aware of during transportation:

Does your child carry an EpiPen in their backpack? Yes No

Please list and describe any allergies (include severity):

Special Note

Due to limited space on buses and personnel availability, students may ride home with a friend only if space allows and the arrangement has been communicated with and approved by the Transportation Office before the end of the school day.

Parent/Guardian Signature: _____ Date: _____